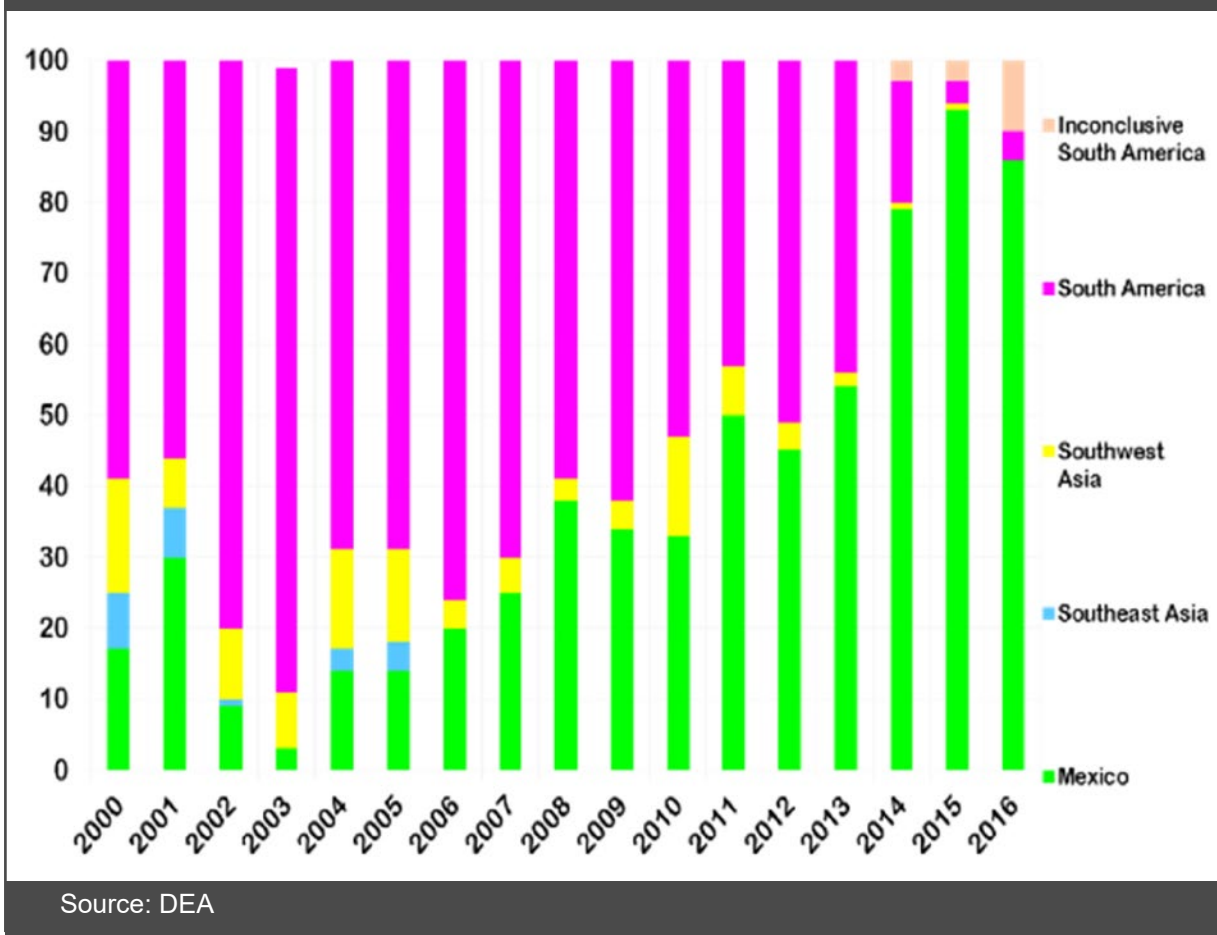


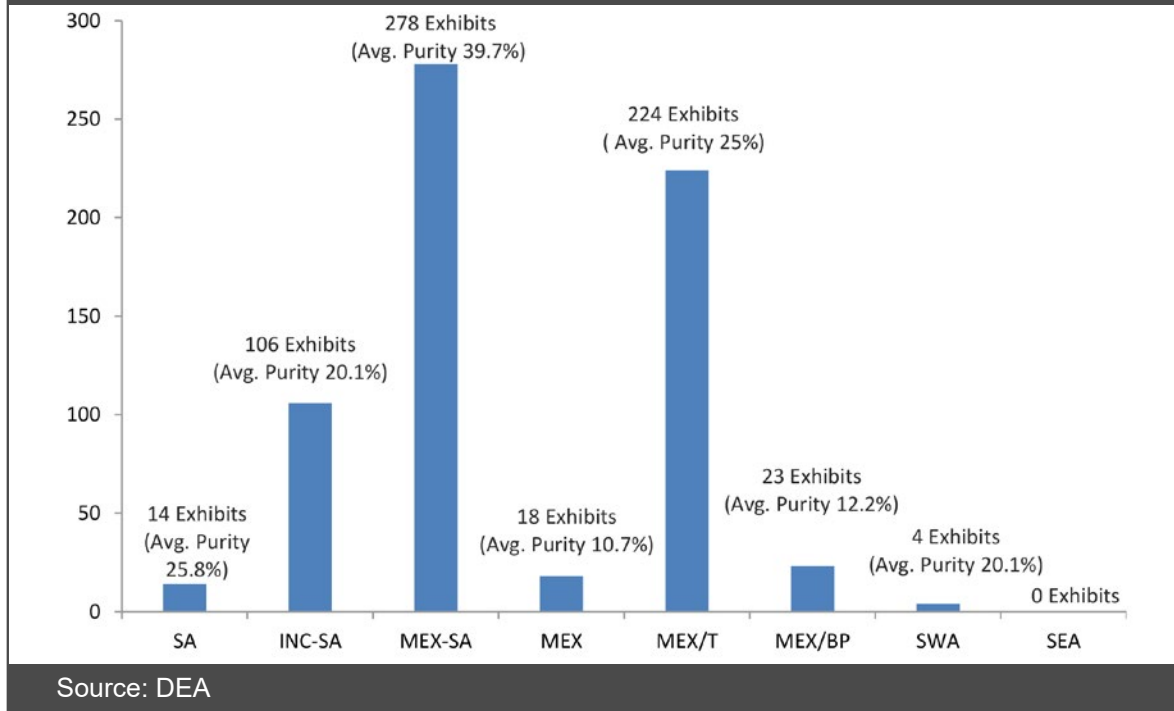
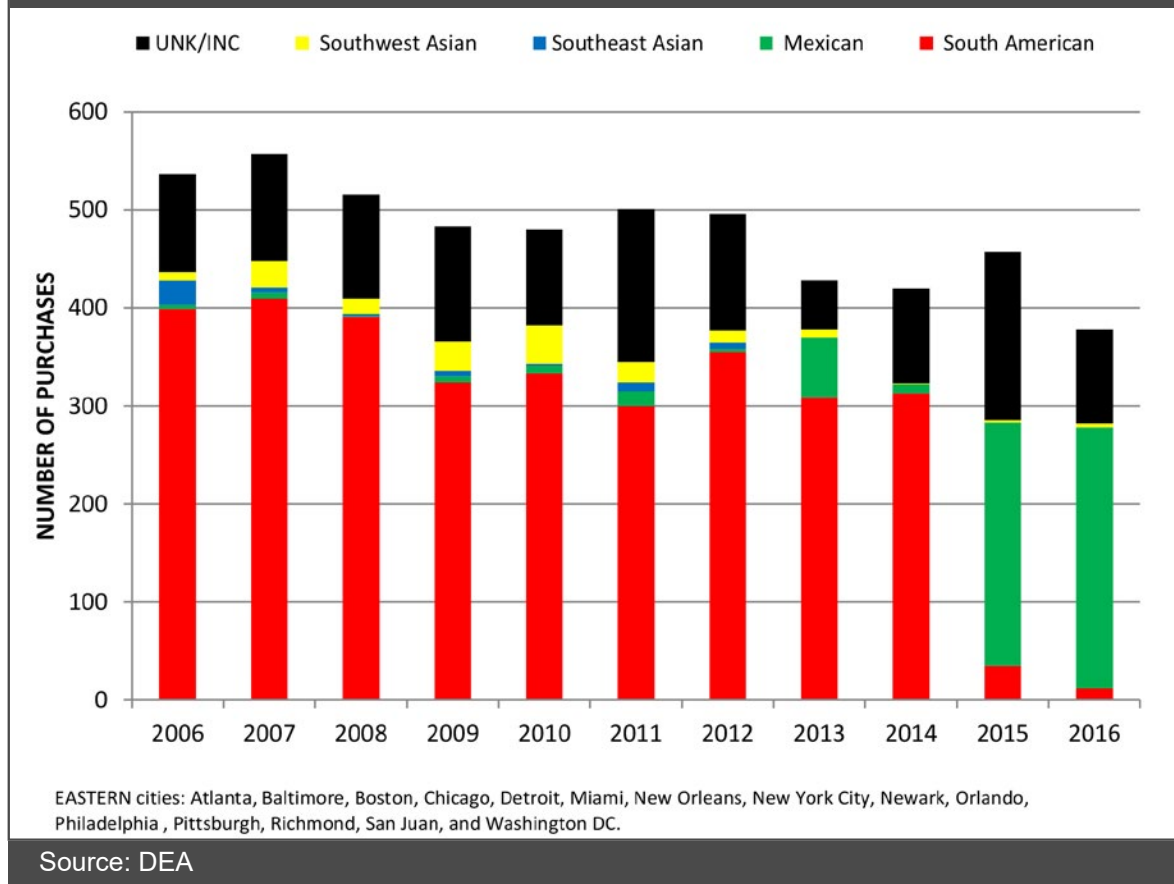
Figure 17. Source of Origin for the United States Wholesale-Level Heroin Seizures, 2000-2016.



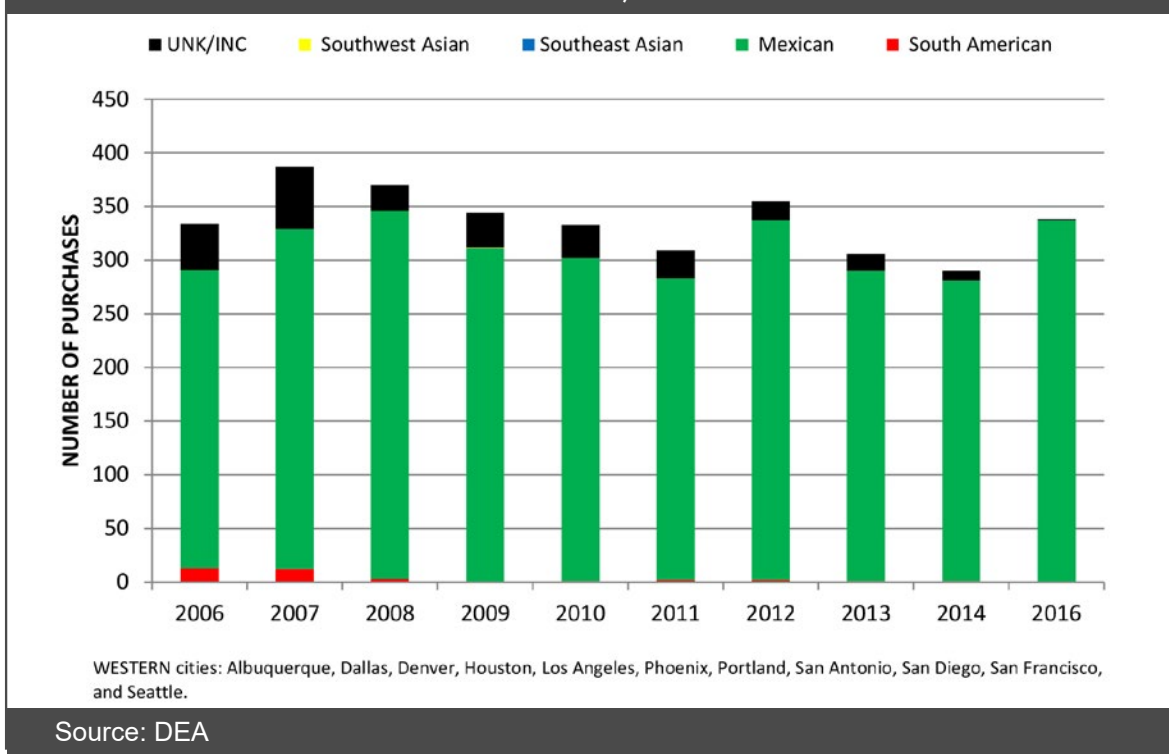
2016. MEX/T ranged from 34 percent to 43 percent. White powder heroin purity at the wholesale level exceeded purity at the retail level where the highest average purity level observed did not exceed 34.1 percent in 2016. Purity levels for the other classifications ranged from 26 percent to 47 percent.

The DEA Heroin Domestic Monitor Program (HDMP) collects and analyzes price and purity data of heroin sold at the retail level. The HDMP collects data on the geographic origin, price, purity, adulterants, and diluents of heroin sold at the street-level in major metropolitan areas of the United States. The source origin and type purchased under the HDMP provide a snapshot of the heroin sold in these cities to identify local user preference and availability. HDMP purchases in 2016 revealed that MEX-SA and MEX/T were the most prominent types of heroin in the U.S. retail markets. Of the heroin exhibits analyzed under the HDMP, the overall average purity of Mexican heroin was 31 percent (see Figure 18).

The source of origin for retail level purchases in the eastern part of the United States remained consistent with prior years. In the eastern HDMP cities, white powder heroin was sold in all cities along with MEX/BP (see Figure 19). Black tar heroin (MEX/T) was sold in the 12 western cities that participated in the HDMP, and there was little to no white powder heroin (see Figure 20). INC-SA, white powder where the origin cannot be determined was sold in all HDMP cities. Four (4) exhibits of SWA heroin purchased on the East Coast under the HDMP; however, the presence of this form is rare. From the late 1990's until 2014, Colombian sourced heroin was the most prominent form of heroin available in the U.S. Since 2015 most of the heroin sold in the U.S. is from Mexico. The form of heroin purchased is generally due to user preference, with all forms available in the western cities: brown powder, white powder and tar, and only the powder form (no tar) in the east.

**Figure 18. Source of Origin and Purity for Retail-level Heroin Purchases in U.S. Cities, 2016.****Figure 19. Source of Origin for Retail-level Heroin Purchased in Eastern U.S. Cities, 2006-2016.**

**Figure 20. Source of Origin for Retail-level Heroin Purchased in Western U.S. Cities, 2006 - 2016.**



Further analysis of 2016 HDMP exhibits indicate that out of 667 heroin exhibits analyzed, 158 (11%) were found to contain fentanyl and/or fentanyl-related substances, which is an increase from 2015 (see Figure 21). The increase in the exhibits that contain fentanyl and/or fentanyl-related substances coincides with DEA reporting that indicates that the popularity of fentanyl-related substances as an adulterant is expanding.

## USE

The heroin user population in the United States continues to grow and results from national-level treatment data and statistical death data indicate heroin availability is increasing. TEDS reporting indicates that, between 2005 and 2015, the number of admissions to publicly funded facilities for primary heroin abuse increased by 54 percent, from 260,902 to 401,743 admissions (see Figure 22). Heroin admissions in 2015 increased 26 percent over the prior year. Young adults (aged 20-34) comprised the largest group admitted for heroin treatment.

Sixty-one percent of those admitted for treatment reported that they used additional substances.

CDC drug overdose data for 2016 indicates that there were 15,469 drug poisoning deaths involving heroin,<sup>17</sup> a 21 percent increase over the 12,989 heroin-involved overdose deaths in 2015 (see Figure 23). The states that lead the nation for heroin-related deaths (approximately 1,000 or more) were Ohio, New York, Illinois, and Pennsylvania. Almost all jurisdictions that reported heroin-related deaths showed an increase, with the highest rates of increase occurring in Washington D.C., West Virginia, and Ohio.

All states and jurisdictions— with the exception of Wyoming, Montana, South Dakota, and Nebraska— reported age-adjusted overdose death rates<sup>18</sup> (see Figure 24). In 2016, Washington, DC experienced the highest age-adjusted rate of heroin-related deaths at 17.3 per 100,000, followed by West Virginia (14.9) and Ohio (13.5).

<sup>17</sup> No overdose deaths were reported in Wyoming, Montana, South Dakota or Nebraska.

<sup>18</sup> CDC excluded overdose death reporting for these states.